_	EMI-ENI	APPLICATI Effe	on FEE I			Λ	ord o 2		09/7	900	Z		
			S FILED - PART I (Column 1) (Column 2)					MALL E			OTHER THAN OR SMALL ENTITY		
	OTAL CLAIM	S 					<u> </u> [RATE	FEE	٦	RATE	FEE	
F	OR	AND WAY (S. O. C. M. M. M. J. A.	NUMBE	NUMBER FILED		NUMBER EXTRA		BASIC FE	E 370.00	OR	BASIC FEE	-	
Ţ	OTAL CHARGE	ABLE CLAIMS	m	minus 20= '		*		X\$ 9=		OR	344.5	 	
INDEPENDENT CLAIMS			n	minus 3 =		*		X42=	1	1			
М	ULTIPLE DEPE	NDENT CLAIM F	RESENT						 	OR			
* [f the differenc	e in column 1 is	less than z	zero, enter	"0" in (column 2	L	+140=	<u>. </u>	OR	L		
CLAIMS AS AMENDED - PART II								TOTAL		OR	TOTAL	<u> </u>	
(Column 1) (Column 2) (Column								SMALL	ENTITY	OTHER THAN SMALL ENTITY			
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	<u>* 41</u>	Minus	** 58)	= Ø		X\$ 9=		ÓR	X\$18=	,	
	Independent FIRST PRES	* (ENTATION OF M	Minus	*** //	CLAIM	=0		X42≃		OR	X84=		
L			OLIN EL DE	CIDENT	CLANVI			+140=.		OR	+280=		
							 1A	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	+	
	Note the residence was	(Column 1)		(Colum		(Column 3)				• •			
MENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEÉ	
END	Total	* 47	Minus	** 58		= Ø		X\$ 9=		OR	X\$18=		
AM	Independent FIRST PRESE	* (/ ENTATION OF MU	Minus	*** //	MIA IC	= 10		X42=		OR	X84=	•	
				LITOLITY	JEJ WIN		Γ.	+140=	∢	OR	+280=		
							L	TOTAL DIT. FEE		OR .	TOTÁL DDIT. FEE		
:		(Column 1)		(Columi		(Column 3)	, ND				NDDII. FEE L		
MEN		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	* 43	Minus	** 58		= Ø	,	(\$ 9=		OR	X\$18=		
	Independent FIRST PRESE	* 5 NTATION OF MU	Minus	***	MIAIC	= 6		X42=	·	OR	X84=		
- 1					- 147		T.	140=	***************************************	T RC	+280=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													
	the appropriate box in column 1.												

Application or Docket Number

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										Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 1997 face 04/179, 002															
CLAIMS AS FILED - PART I (Column 1) (Column 2)								_			ENTITY	OR		R THAN ENTITY	
FO	R		NUMB	ER FILED	FILED . NUMBER EXTRA				RATE		FEE		RATE	FEE	
BAS	SIC FEE										395.00	OR		790.00	
тот	AL CLAIMS		3	58 minus 20 =			. 38			-		OR	x\$22=	£36	
—	EPENDENT CL		// minus 3 =			. 8			x41=			OR	185-	624	
	TIPLE DEPEN	_				J	+135	=		OR	+270=				
* 811	* If the difference in column 1 is less than zero, enter "0" in column 2							•	TOTAL	- [OR	TOTAL	2098	
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL ENTITY			OR	OTHER THAN SMALL ENTITY		
AMENDMENT A		REM/ AF	AIMS AINING TER DMENT		NI PRE	GHEST UMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDN	Total	• 5	8	Minus	**	58	= Ø		x\$11=			OR	x\$22=		
ME	independent	•	[1	Minus	•••	//	=0		x41=			OR	x82=		
Ĺ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		ŭ.	OR	+270=		
		(Colu	mn 1)		(Co	olumn 2)	(Column 3)	A	TOTA DDIT. FE			OR	TOTAL ADDIT. FEE		
ENDMENT B		REMA AF	AIMS AINING TER DMENT		PRE	GHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MON	Total	• 4	7	Minus	•• [58	=0	lt	x\$11=	1		OR	x\$22=		
AME	independent	•	1	Minus	***	11	= <i>D</i>		x41=	1		OR	x82=		
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											OR	+270=		
	(Column 1) (Column 2) (Column 3)								TOTA DDIT, FE			OR	TOTAL ADDIT. FEE	V	
ENT C		REMA AFT	IMS INING IER OMENT		PRE	GHEST IMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MON	Total	• 4	7	Minus	•• (58	= Ø		x\$11=)	OR	x\$22=		
AMENDMENT	Independent	•		Minus	•••	(1	•		x41=	T		OR	x82=		
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=	1		OR	+270=		
If the entry in column 1 is less than the entry in column 2, write "O" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." TOTAL OR TOTAL ADDIT. FEE The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.															